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PTO/SB/05 (4/98)
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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))

Attorney Docket No.		M419.12-0044	
First Inventor or Application Identifier		Benjamin Y.H. Liu	
Title	METHOD AND APPARATUS FOR CASCADE IMPACTOR TESTING OF INHALABLE DRUG THERAPIES RECOVERY FOR CHEMICAL ANALYSIS		
Express Mail Label No.		EV388911461US	

APPLICATION ELEMENTS
See MPEP chapter 600 concerning utility patent application contents.

Address To: Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

- | | |
|--|---|
| <p>1. <input checked="" type="checkbox"/> *Fee Transmittal Form e.g., PTO/SB17)
(Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant Claims small entity status</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Sheets 52]
(preferred arrangement set forth below)
- Descriptive title of the Invention)
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. § 113) [Total Sheets 23]</p> <p>5. Oath or Declaration [Total Sheets 3]
a. <input type="checkbox"/> Newly executed (original or copy)
b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 18 completed)
i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
a. <input type="checkbox"/> Computer Readable Copy
b. Specification Sequence Listing on:
i. <input type="checkbox"/> CD-ROM or CD-R (2 Copies); or
ii. <input type="checkbox"/> Paper
c. <input type="checkbox"/> Statement verifying identity of above copies</p> |
|--|---|

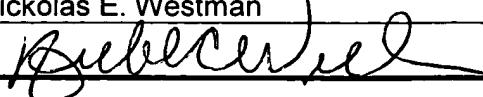
ACCOMPANYING APPLICATION PARTS

- | | |
|---|---|
| <p>9. <input type="checkbox"/> Copy of Assignment</p> <p>10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO – 1449</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request Under 35 USC 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent</p> <p>17. <input type="checkbox"/> Other:</p> | <p><input type="checkbox"/> Power of Attorney</p> <p><input type="checkbox"/> Copies of IDS Citations</p> |
|---|---|

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:
- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Continuation | <input checked="" type="checkbox"/> Divisional | <input type="checkbox"/> Continuation –in part (CIP) | of prior application No: <u>09/679,936</u> |
|---------------------------------------|--|--|--|
- Prior application information: Examiner Samuel P. Siefke Group/Art Unit: 1743
- FOR CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE

<input type="checkbox"/> Customer Number or Bar Code Label		(Insert Customer No. or Attach bar code label here)		or <input checked="" type="checkbox"/> Correspondence address below	
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Signature		Date	4/13/04

17169 U.S.P.O.

FEE TRANSMITTAL

Complete if Known

Application No.

Filing Date

First Named Inventor

Title

Group Art Unit

Examiner Name

HEREWITH

Benjamin Y.H. Liu

METHOD AND APPARATUS FOR CASCADE
IMPACTOR TESTING OF INHALABLE DRUG
THERAPIES RECOVERY FOR CHEMICAL
ANALYSIS

Total Amount of Payment \$ 385

Atty. Docket Number

M419.12-0044

METHOD OF PAYMENT (Check One)

FEE CALCULATION (Continued)

1. ☒ The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. 23-1123. Westman, Champlin & Kelly, P.A.

2. ☒ PTO Form 2038 Enclosed

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Fee Fee Fee

Code (\$) Code (\$) Fee Description

1001 770 2001 385 ☒ Utility Filing Fee1002 340 2002 170 ☐ Design Filing Fee1004 770 2004 385 ☐ Reissue Filing Fee1005 160 2005 80 ☐ Prov. Filing Fee

Subtotal (1) \$ 385

2. EXTRA CLAIM FEES

	Number Claims	Prior**	Extra	Fee from Below	Fee Paid
Total	18	20	0	18	0
Indep.	3	3	0	86	0

Multiple Dependent Claims

Total 18 20 0 18 0

Indep. 3 3 0 86 0

Multiple Dependent Claims

** Insert 3 and 20, or number previously paid if greater; Reissue see below

Large Entity		Small Entity		Description
Fee	Fee	Fee	Fee	
Code	(\$)	Code	(\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent Claims
1204	86	2204	43	Reissue Independent Claims over Original Patent
1205	18	2205	9	Reissue claims in excess of 20 and over original patent

1202 18 2202 9 Claims in excess of 20

1201 86 2201 43 Independent claims in excess of 3

1203 290 2203 145 Multiple Dependent Claims

1204 86 2204 43 Reissue Independent Claims over Original Patent

1205 18 2205 9 Reissue claims in excess of 20 and over original patent

Subtotal (2) \$ 0

Other Fee (specify) _____

Subtotal (3) \$

Signature

(Nicholas E. Westman)

Reg. No. 20,147

Date

Apr 23, 2014

Deposit Account No. 23-1123